
THE STRUCTURE OF THE ATTITUDE TOWARDS TANATOLOGICAL ATTENTION

¹García Lirios, Cruz.

¹Universidad Nacional Autónoma de México

García Lirios, Cruz. THE STRUCTURE OF THE ATTITUDE TOWARDS TANATOLOGICAL ATTENTION. Rev UNIANDES Ciencias de la Salud 2021 sep-dic; 4(3): 909-914.

Abstract - From the three-dimensional model of the attitudes a scale with 15 reagents was developed to measure its dimensions affective, rational, and intentional around the thanatological attention in a sample of 130 residents of the city of Cuernavaca, Morelos (Mexico). The trustworthiness, the validity settled down, the covariance between the factors of first order and by means of a model, the probability of attitudinal factor of second order was demonstrated.

Keywords - Disease, Death, Attitude, Thanatological and Structure

Introduction

During the sixties, humanistic approaches of Sigmund Freud, Melanie Klein, Erick Fromm, Gustave Young or Carl Rogers, influenced the psychological care that hospitals provided to the families of terminally ill

patients. The psychologist with therapeutic orientation was limited to hearing the torture of family members, patients, doctors, nurses, or social workers who had direct contact with terminal patients with AIDS, cancer, diabetes, or kidney failure. In many cases, the therapist diagnosed a high level of stress.

Therapeutic thanatological care developed increasingly complex diagnoses in which syndromes such as Bournout were proposed in which doctors and nurses acquired depersonalization before their patients, showed exhaustion and ignored the area of frustration in which they were.

The complexity of the impact of terminal diseases on health professionals determined a new biopsychosocial approach to attend not only chemically, biologically, or physiologically to those

involved but psychologically and socially.

From a biopsychosocial approach, thanatological care is defined as *an intervention to reduce the level of stress indicated by perceptions of risk and utility, beliefs about the disease / health and attitudes towards death / life*.

The relationship between the indicators of the thanatological service. Three social psychological processes can be observed that configure an intervention in the event of a terminal illness.

From this definition, the thanatological service constructed from a therapeutic humanist approach was replaced by the thanatological service from a biopsychosocial approach.

In the sector and in the health sciences, attitudinal studies have used one, two or three dimensions to explain the behavior of people affected by the death of a person with whom they were closely related. In these studies, there is an enriching discussion to establish the relevance of a single factor, two factors or up to three attitudinal factors (Javiedes, 2004).

Research using a single dimension has established a relevant causal relationship of the attitudinal factor with individual behavior. However, they have

minimized the results of the parameter that explains the variance of the general linear model indicated by parameter R^2 . In these studies, the parameter indicates that there are other determinants of grieving behavior (Laca, 2005). Therefore, attitudinal studies have used two attitudinal factors to demonstrate in a multiple linear regression model the covariance between the determining factors and their incidence on the dependent variable.

However, such studies have only used the evaluative and affective factors as variables dependent on human behavior. These studies have ignored the importance of the intentional factor that, based on the attitudinal studies of the 1970s, demonstrated its predictive power. Such are the cases of the Theories of Reasoned Action and Planned Behavior who include intentions as the essential determinants of behavior (Pallí and Martínez, 2004).

However, prior to these theories, attitudinal studies related general attitudes to specific behaviors. These were investigations that included in their reactive instruments around universal beliefs or values to explain specific delimited behaviors (Ajzen, 2001; 2002). It was until the 1970s when the Theory of Reasoned Action delimited research into specific beliefs,

motivations, attitudes, intentions, and behaviors (Ajzen and Fishbein, 1974).

Subsequently, in the 1990s, the Theory of Planned Behavior included perceptual factors to further delimit behavior prediction (Ajzen, 1991). Precisely, the present study was structured based on the three-dimensional model of attitudes to establish the first and second order factors in reference to a general component of the attitude towards thanatological attention.

What is the structure of the attitude towards thanatological attention?

Hypothesis. The structure of the attitude towards thanatological attention is three-dimensional; Affective, rational, and intentional and is tricausal.

Method

Process. The surveys were applied in the General Hospital of the city of Cuernavaca, Morelos (Mexico) in the room of the thanatological service. Before each session, the mourners were asked to personally answer the survey, they were informed that it would take 15 minutes and that the results of the study would serve to improve the hospital's thanatological service. Once the surveys were answered, the filling of the socio-demographic and attitudinal data was

verified. When the data were incomplete, respondents were instructed to fill in the corresponding spaces informing them that their responses would be confidential and that they would not affect the hospital situation of their relatives or the transfer of their deceased. Once the information on the surveys was verified, they were invited to the hospital's thanatological sessions.

Subjects. 130 residents of the city of Cuernavaca, Morelos (Mexico). In reference to socio-demographic data; The sample is over 40 years old (40 percent) and between 18 and 22 years old (4 percent). 64 percent are men and 36 percent are women. 68 percent are marriages which contrasts with the 8 percent who live in widowhood. 42 percent earn less than 2500 pesos per month and the same percentage is for those who obtain more than 4000 pesos during the same period. 42 percent are professionals and 14 percent are workers. 34 percent have 3 children and 10 percent do not have.

Variables

Attitude towards thanatological attention. It refers to the feelings, reasons, and intentions around thanatological attention. It includes three dimensions:

Affective attitude towards thanatological attention. They are the feelings, emotions, and affections that people present before, during and after attending the thanatological service.

Rational attitude towards thanatological attention. They are the reasons or the arguments that people expose before, during and after going to the thanatological service.

Intentional attitude towards thanatological attention. These are the chances of carrying out actions for or against before, during and after going to the thanatological service.

Instrument

Scale of attitude towards thanatological attention. It includes 15 reagents with four response options for each of the three dimensions. In the affective dimension the options range from "I feel very bad" to "I feel very good". In the rational dimension they range from "I think very negatively" to "I think very positively". In the intentional dimension they range from "I would never go to the thanatologist" spend "I would always go to the thanatologist".

It was developed normal distribution analysis considering the average, deviation, and skewness bias to select the questions and reagents whose results are in a range of -3 to + 3.

Considerable asymmetry in the question referring to religion (asymmetry = 6,300) is specific to the other questions and reagents; the data corroborates the normal distribution required for subsequent multivariate analyzes.

A factor analysis was performed considering two adequacy tests. The parameter Kaiser Meyer Olkin (KMO) and Bartlett and a factor weight greater than .300 in the reactive correlation with the factor.

The first factor denotes the affective dimension of attitudes (KMO = .835; $X^2 = 118,500$; 10 degrees of freedom; level of significance = .000). This factor explains 67 percent of the variance

The second factor refers to the rational dimension of attitudes (KMO = .813; $X^2 = 112,130$; 10 degrees of freedom; level of significance = .000) and explains 64 percent of the variance.

The third factor corresponds to the intentional dimension of attitudes and explains 72 percent of the variance.

The fourth factor refers to the general attitudinal dimension (KMO = .678; $X^2 = 48.022$; 3 degrees of freedom and level of significance = .000) and accounts for 71 percent of the variance.

The reliability of the attitudinal sub-scales was established from the

correlation between each of the reagents and their corresponding sub-scale. In the case of general attitudinal reliability, the correlation was made between each of the reagents and the attitudinal scale. The criterion for establishing adequate reliability was a score greater than .60 for the Crombach alpha parameter

Results

The significant association of the factors was established from Pearson's parameter "r" and the level of significance less than .05.

The factors exist direct, positive, and significant associations. The data show that among the attitudinal factors there are associations that, in turn, give relevance to each of the three explanatory dimensions around thanatological care.

In this sense, the multiple linear regression analysis was pertinent for the demonstration of the tripartite attitude model. Considering the beta parameters and the level of significance less than .05, the direct, positive, and significant effect of the three attitudinal dimensions on the general attitude towards thanatological care was demonstrated.

This model explains 74 percent of the variance with a typical estimation error of 4.77 percent.

Finally, to establish the structure of the attitude towards thanatological attention, a model was developed in which three first-order factors (affective, rational, and intentional factors) and one of the second order (attitudinal factor) were included. to establish the covariance between the rational and intentional factors, the "phi" (Φ) parameter was used and to establish the indicators of each of the three first-order factors, the factor weight greater than .300 was used.

The existence of three first order and one second order factors. The rational and intentional factors have a covariance of 5,751 between the rational and affective factors the covariance was 6,591 and among the intentional and affective factors the covariance was 4,535 which indicate the incidence of other factors not included in the model.

Because the calculation was made with the Lisrel software student version, it was not possible to calculate the adjustment parameters such as the Comparative Fit Index (CFI, NFI or RMSEA).

Discussion & Conclusion

The structural model demonstrated the configuration of three first order factors (affective, rational, and intentional) and the configuration of a general attitudinal second order factor. Such dimensions

were structured from three groups of five reagents that included the same content but differed in the response options. That is, around the attitudinal object (thanatological attention), the bereaved tend to structure their feelings, reasons, and intentions directly and positively.

The structural model demonstrated the influence of other variables not included but inferred from the covariances between the first order factors. This means that around the attitude of the bereaved towards thanatological attention, there are other unexplored attitudinal dimensions that would explain the attitudinal complexity towards the thanatological service.

References

- Ajzen , I. & Fishbein , M. (1974). Factors influencing intentions and the intention behavior relation. *Human Relations*. 27, 1-15
- Ajzen , I. (1991). The Theory of Planned Behavior. *Organizational Behavior and Human Decision Processes*. 50, 179-211
- Ajzen , I. (2001). Nature and operation of attitudes. *Annual Review Psychology*. 52, 27-58.
- Ajzen, I. (2002). *Attitudes*. In R. Fernandez Ballesteros (Ed.),

Encyclopedia of Psychological Assessment. (pp. 110-115) London: Sage Publications.

- Javiedes, M. (2004). Attitude and thought. In J. Mendoza, and M. González, (coord.) Contemporary approaches to Social Psychology in Mexico. (pp. 365-405) Mexico: ITEMS – State of Mexico campus.
- Laca, F. (2005). Attitudes and behaviors in conflict situations. *Teaching and Research in Psychology*. 10, 117-126
- Pallí, C. and Martínez, L. (2004). Nature and organization of attitudes (pp. 183-254). In T. Ibáñez, (coord.). Introduction to social psychology. Barcelona: UOC